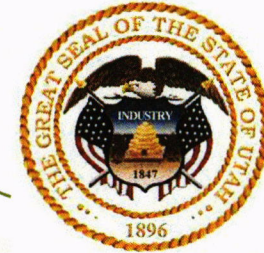


Utah
Driver License
Division



FUNCTIONAL ABILITY IN DRIVING

GUIDELINES AND STANDARDS FOR HEALTH CARE PROFESSIONALS

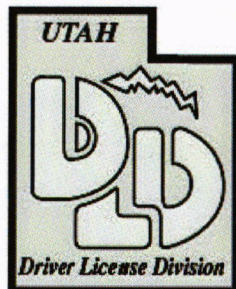
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STATE OF UTAH
DEPARTMENT OF PUBLIC SAFETY
UTAH DRIVER LICENSE DIVISION

FUNCTIONAL ABILITY IN DRIVING: GUIDELINES AND STANDARDS FOR HEALTH CARE PROFESSIONALS

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Under the Direction of
Utah Driver License Medical Advisory Board
Christopher Caras, Director
Utah Driver License Division

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STATE OF UTAH
DRIVER LICENSE DIVISION
DEPARTMENT OF PUBLIC SAFETY

***FUNCTIONAL ABILITY IN DRIVING:
GUIDELINES AND STANDARDS
FOR
HEALTH CARE PROFESSIONALS***

FOREWORD

This revision of the *Functional Ability in Driving: Guidelines and Standards for Health Care Professionals* was developed by the Utah Driver License Medical Advisory Board and is based on experience accumulated over the past 30 years. In addition, safety assessment levels for *Commercial Intrastate Driver Licensing* have been incorporated into the Guidelines and Standards as outlined in detail beginning on page 6. Computer analysis of the assessment data as it relates to driver performance will give us a sound basis for further simplification of the assessment patterns and hopefully allow less restrictive assessment levels for drivers without sacrificing highway safety.

We appreciate the great support we have had from the medical profession.

CHRISTOPHER CARAS, DIRECTOR
UTAH DRIVER LICENSE DIVISION
DEPARTMENT OF PUBLIC SAFETY

KURT T HEGMANN, M.D., M.P.H., CHAIR
UTAH DRIVER LICENSE DIVISION
MEDICAL ADVISORY BOARD

**THESE GUIDELINES AND STANDARDS WILL ASSIST
HEALTH CARE PROFESSIONALS TO:**

- Advise their patients about their functional ability to safely operate motor vehicles; and
 - Simplify the reporting of medical information necessary for licensing Utah drivers.
-

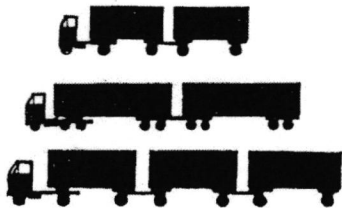
DRIVERS' RESPONSIBILITIES:

- Drivers who possess a Utah Driver License are personally responsible to refrain from driving if they become aware of health conditions which may adversely affect their ability to safely operate a motor vehicle.
- In addition, drivers must also report any health disorder which may affect their ability to safely operate a motor vehicle directly to the Driver License Division.
- In case of uncertainty, drivers must seek a health care professional's counsel regarding their functional ability to safely operate a motor vehicle.

UTAH'S CLASSIFIED LICENSE SYSTEM

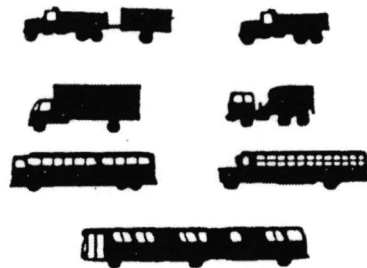
CLASS A Min. Age

Over 26,000 lbs. Combined Vehicle
& over 10,000 lbs.
Towed Unit 21
Intrastate Only Restriction 18-21



CLASS B Min. Age

Over 26,000 lbs Single or
Combined Vehicle21
Under 10,001 lbs.
Towed Unit21
Intrastate Only Restriction 18-21



CLASS C Min. Age

Under 26,001 lbs if used to
transport:
1. 16+ occupants 21
2. Placarded Amounts
Hazardous Materials 21

Under 10,001 lbs Towed Unit "S"
Endorsement Available 21



CDL required only if these vehicles
are used to haul hazardous
materials or when carrying 16 or
more occupants.



CLASS D Min. Age

All Vehicles **NOT** Defined as:
Class A, B, C, or Motorcycle.. 16
Motorcycle Only License 16

License Restrictions

A = No Restrictions
B = Corrective Lenses
C = Mechanical Aid
D = Prosthetic Aid
E = No manual transmission
equipped CMV
F = Outside Rearview Mirrors
G = Daylight Driving Only
J = Other
K = Intrastate only while driving
commercially

L = No air brake equipped CMV
M = No Class A passenger vehicle
N = No Class A and B passenger vehicle
O = No tractor trailer CMV
P = No passenger in a CMV bus on a
Learner Permit
U = Three-Wheel Motorcycle
V = Accompanied with medical variance
letter while driving a CMV
X = Empty tank CMV on Learner Permit
Z = No full air brake equipped CMV

1 = Interlock Device
2 = 249 cc or less motorcycle
3 = 649 cc or less motorcycle
4 = Street Legal ATV
5 = 90 cc or less motorcycle
6 = Posted 40 mph or less
7 = Automatic transmission

License Endorsements Min. Age

H = Hazardous Materials 21
M = Motorcycle 16
N = Tank Vehicles..... 18
P = Passengers..... 21
S = School Bus – Includes "P" 21
T = Double/Triple Trailers..... 18
X = Tank and Hazardous Materials 21
Z = Taxi Cab 21

STATE OF UTAH

FUNCTIONAL ABILITY IN DRIVING:

GUIDELINES AND STANDARDS FOR HEALTH CARE PROFESSIONALS

Utah residents are individually responsible for their health when driving. All applicants for licenses will complete a health questionnaire to show their functional ability to drive. If there is a significant health problem, they will take their medical and/or vision form to a health care professional who will assess the category for the condition indicated. The health care professional will be expected to discuss the applicant's health as it relates to driving and to make special recommendations in unusual circumstances. Based upon a completed Functional Ability Evaluation form/Certificate of Vision, the Driver License Division may issue a license with or without limitations as outlined in these Guidelines and Standards approved by the Utah Driver License Medical Advisory Board. Health care professionals have the opportunity to increase highway safety by carefully applying these guidelines and standards and counseling with their patients about driving.

Drivers' Responsibilities

The Utah State Legislature reaffirmed these responsibilities* related to physical, mental or emotional impairments of drivers:

1. Drivers are responsible to refrain from driving if "they have, or develop, or suspect that they have developed a physical, mental, or emotional impairment which may affect driving safety."
2. Drivers in such a situation are expected to seek competent medical evaluation and advice about the significance of the impairment as it relates to driving safety.
3. Drivers are responsible for reporting to the Driver License Division if "they have or develop, or suspect a physical, mental, or emotional impairment which may affect driving safety."

Health Care Professionals' Responsibilities

The same legislation applies to Utah health care professionals in these ways*:

1. Health care professionals may be requested by their patients to make reports to the Driver License Division about impairments which may affect driving safety, but the final responsibility for issuing a driver license lies with the Driver License Division.
2. In addition to making accurate reports when authorized by their patients, health care professionals are expected to counsel their patients about how their condition affects safe driving. For example, if patients are put on medications which may cause changes in alertness or coordination, their health care professional should advise them not to drive at least until a dosage is established which will not affect safe driving; or, if visual acuity drops, they should similarly be advised, at least until corrective action has been taken to improve their vision. The following quotation recognizes this important function:

"Health care professionals who care for patients with physical, mental, or emotional impairments that may affect their driving safety, whether defined by published guidelines and standards or not, are responsible for making available to their patients without reservation their recommendations and appropriate information related to driving safety and responsibilities."

The guidelines and standards which follow will be a useful reference in such counseling.

*Utah Code Annotated 53-3-303

Immunity in Reporting Potential Risks

The legislature eliminated a major obstacle for health care professionals with its provision that "A health care professional or other person who becomes aware of a physical, mental, or emotional impairment that appears to present an imminent threat to driving safety and reports this information to the Division in good faith has immunity from any damages claimed as a result of making the report."*

***Utah Code Annotated 53-3-303**

Utah Driver License Medical Advisory Board

A Driver License Medical Advisory Board was created to advise the Director of the Driver License Division and to recommend written guidelines and standards for determining the physical, mental and emotional capabilities appropriate to various types of driving. Members of the board have been appointed by the Commissioner of the Department of Public Safety to represent a variety of special areas.

If patients are uncertain about interpretations of these guidelines and standards or have special circumstances, they may request a review by a panel of board members. All of the actions of the Director and Board are subject to judicial review. The Board operates under bylaws approved by the Commissioner of the Department of Public Safety.

The Board has developed the following functional ability safety assessment guidelines and standards in an effort to minimize the conflict between the individual's desire to drive and the community's desire for safety. Through education, medical assistance, and cooperative efforts, an ideal balance may be reached. Principles followed by the Board in developing the guidelines and standards are shown on page 9.

Functional Ability/Safety Assessment Level Categories

Functional ability to operate a vehicle safely may be affected by a wide range of physical, mental, or emotional impairments. To simplify reporting and to make possible a comparison of relative risks and limitations, the Medical Advisory Board has adopted physical, emotional, and behavioral functional ability safety assessment levels including 12 categories, with multiple levels under each category listed below. Vehicle operation history should be included as a significant part of a complete medical history.

CATEGORY A	Diabetes & Other Metabolic Conditions
CATEGORY B	Cardiovascular Conditions
CATEGORY C	Pulmonary Conditions
CATEGORY D	Neurologic Conditions
CATEGORY E	Seizures and Other Episodic Conditions
CATEGORY F	Learning, Memory, and Communication Disorders
CATEGORY G	Psychiatric or Emotional Conditions
CATEGORY H	Alcohol and Other Drugs
CATEGORY I	Visual Disorders
CATEGORY J	Musculoskeletal Abnormality or Chronic Debility
CATEGORY K	Alertness or Sleep Disorders

Use of the Functional Ability/Safety Assessment Level

When requested by the staff of the Driver License Division, applicants must report information regarding their physical, mental, and emotional health. This may be in the form of a short screening questionnaire or a more extensive assessment outline. On completion of this and other requirements, a license may be issued immediately or the applicant may be requested to take a Functional Ability Evaluation/Certificate of Vision form to their own health care professional for confirmation of the safety assessment or change of the assessment as the health care professional believes is indicated.

These guidelines and standards contain twelve sections, one for each functional ability category. Each begins with a short narrative summary of basic concepts, definitions, and working ground rules. Each summary is followed by a chart showing: (1) eight to ten safety assessment levels based upon history, laboratory findings or other information; (2) safety assessment levels which must be confirmed (or modified) by a health care professional; (3) intervals between health care professional confirmation of the safety assessment level; (4) license class and restrictions will generally be used by personnel of the Driver License Division to issue licenses consistent with the functional ability safety assessment level.

In almost all cases, a health care professional caring for a patient will have adequate information to complete the requested medical form(s). However, if there is a significant problem affecting driving which is outside their area of capability, ordinary medical practices should apply. For example, a condition requiring a specialized diagnosis or opinion would suggest a referral to an appropriate specialist before completing the assessment. On the other hand, a specialist who has seen a patient only for a limited or technical service may: (1) decline to complete the full assessment (especially if there are multiple medical conditions); (2) suggest patients see their personal health care professional; and (3) provide pertinent information to help in completion of the

assessment. In some circumstances where the limited condition is the only one affecting driving, a health care professional may complete the form based upon history, without extensive examinations or tests, if they are satisfied with the patient's reliability.

Where a driver applicant indicates no significant impairment other than visual, they may complete the Certificate of Visual Examination form. The Certificate of Visual Examination form may be completed by licensed optometrists as well.

Reports should be based upon reasonably current information. In case of doubt, medical common sense should prevail. Since no special tests are required by the guidelines and standards beyond those needed by a health care professional for adequate diagnosis or treatment, no additional expense should result except in unusual circumstances or in cases where individuals may wish to submit additional information, such as a review by a recognized specialist in specific medical conditions, in preparation for review by a medical panel.

Reports of safety assessment levels must be signed by a health care professional licensed to practice, although they may rely upon portions of examinations done under their supervision.

The Medical Advisory Board conducted a six-month pilot program on medical information submitted by nurse practitioners and physician assistants. On March 28, 2002, the Medical Board made the decision that nurse practitioners and physician assistants could continue to evaluate, complete, and sign the Functional Ability Medical Evaluation Report at all levels provided:

1. The nurse practitioner or physician assistant is adequately trained and qualified in the category they are evaluating; and,
2. If the nurse practitioner or physician assistant lacks information or training in a specific area, they will defer assessing the driver.

Functional Ability Evaluation Report

The Functional Ability Guidelines and Standards have been designed for use by all health care providers, but based on an Administrative Rule, the more serious conditions may require evaluation by a licensed MD or osteopathic physician.

Relation of Functional Ability Assessments to Driving Risk/Responsibilities

Operators of commercial intrastate vehicles fall under different licensing requirements. As far as possible, these have been incorporated into appropriate safety assessments. In 1997, the Division began the Utah Intrastate Program for commercial drivers.

Setting limitations on driving for persons with impairments of functional ability works to increase public safety while at the same time permitting individuals a maximum degree of freedom of movement in two ways: First, in cases of decreased vision or motor control, avoiding high speeds will reduce the number, as well as the seriousness, of accidents. Second, in situations of some increase in the chance of an accident, cutting down on the extent of exposure on the highway by limiting driving areas or times of day will reduce the total number of accidents and yet allow a person perhaps enough mobility to maintain a job with a single round trip each work day. These factors are difficult to define and measure but an effort has been made to accumulate and develop accurate data in order to refine limitations in the interest of safety.

In some cases, functional ability safety assessments indicating driving impairment in more than one medical category may be the basis for a more limited license than if there is only one impairment, but generally any limitation will relate to the single assessment showing the most impairment. As these functional ability safety assessment levels are used in determining the issuance of driver licenses, data will be gathered as to the driving safety record of various groups as a basis for revision of the levels. Data secured from other sources will also be used. Denial of

driving privileges based upon medical reasons does not constitute a "disability" as defined by the Americans with Disabilities Act.

Changes in Functional Ability

After a driver is licensed, they need not report short term illnesses or abnormalities lasting less than three months to the Driver License Division, provided they refrain from all driving until recovery to the previous level of function for which they were licensed. When a condition persists beyond three months or it becomes apparent that it will persist, it should be reported to the Driver License Division. The license may be revalidated as soon as the condition has become stable at a safety assessment level appropriate for driving.

Suggestions and Questions

Health care professionals who use these guidelines and standards are invited to direct questions or suggestions to the Driver License Division or to any of the current members of the Medical Advisory Board.

Aspects of Licensing and Medical Certification of Commercial Intrastate Drivers

These guidelines and standards will only apply to licensing of commercial *intrastate* drivers.

The Utah State Driver License Medical Advisory Board has reviewed the Federal Department of Transportation requirements for commercial drivers and worked out an appropriate safety assessment level for each category. The examining health care professional need only mark the safety assessment level in the usual fashion. In general, a safety assessment level of 2, 3, and 4, depending on the category, may qualify the applicant for a commercial intrastate license.

Because of the greater responsibilities involved, this program will differ from the usual licensing procedures for private vehicle drivers in four ways:

1. A copy of the Functional Ability Evaluation form should be retained by the examining health care professional. The original should be given to the driver to submit to the Driver License Division. Drivers may make a copy and retain it for their use.
2. For a commercial license:
 - a. A check on hearing is required (though not for a private vehicle). Thus, Safety Assessment Category L has had a 'Hearing' checkbox added for commercial drivers only and a 'Balance' checkbox for all other license types. For a commercial license, an ability to perceive a forced whisper at five feet in the better ear, with or without use of a hearing aid, is satisfactory. A driver should be able to meet the Federal DOT requirements. Loss of between 40 - 65 decibels in the better ear may qualify for an commercial license. Loss of more than an average of 65 decibels in the better ear is disqualifying. (ASA Standards Z 24.5-1951)
 - b. If Balance checkbox is marked and Safety Assessment Level is 5 or 7, they may be approved for an intrastate license. MAB approval is required.
3. Recognition of red, green, and amber used in traffic lights may be tested with simple color cards rather than more complex test devices.
4. For commercial intrastate licensing, the driver/applicant will be expected to complete the Application for Intrastate only (K) Medical Waiver Program and the Medical Questionnaire. If the driver answers "yes" to a medical condition not

currently being followed, a request for a Functional Ability Evaluation Medical Report form will be sent to the driver. In appropriate cases, a report from an ophthalmologist, optometrist, other health care professional, or an audiogram may be attached.

In order for a driver to be considered for a K restriction, they must make a request for the waiver and provide a copy of the denied DOT long form, indicating the reason for the denial (i.e. on insulin, seizures, blind in one eye). Once this denied form is received, the Intrastate Waiver paperwork will be sent to the driver to be completed.

In the past some experienced drivers have been "grandfathered" under the FMCSA §391.64 with slightly less rigid standards, but future drivers may not be. Some safety assessment levels recommend "intrastate" commercial driving restrictions. Whether such restricted driving privileges may actually be issued is subject to federal and state approval.

In these guidelines and standards, notes have been placed at the end of the narrative for each safety assessment category to assist in understanding the basis for reporting for commercial **intrastate** drivers. As before, the administrative responsibility for granting licenses rests with the Utah Driver License Division based upon medical information provided. This relieves the health care professional from vulnerability in having to certify the driver as "qualified to drive" under a complex set of regulations.

It is believed that these relatively minor modifications of our previous Functional Ability in Driving: Guidelines and Standards for Health Care Professionals which have been in use for over thirty years will be simpler than establishing a whole new system to handle licensing of commercial **intrastate** vehicle drivers.

Application of Commercial Intrastate Medical Standards

The 2014 Functional Ability in Driving: Guidelines and Standards for Health Care Professionals has outlined the medical standards as applying to **ALL** commercial intrastate drivers, irrespective of the type of vehicle or cargo involved, i.e., Class A, B, C, and D of Utah's Classified License System.

1. Use of safety assessment levels will provide the only meaningful method of gathering data on health aspects of safety of commercial intrastate drivers.
2. Commercial intrastate drivers must be assessed in the appropriate category(ies) in order to be considered for an intrastate license.
3. Also, pursuant to Utah Code Annotated 53-3-303.5 an intrastate driver is no longer able, or required to carry a Federal DOT card. The intrastate only (K) restriction is sufficient to indicate the driver has met the State of Utah medical guidelines for the commercial license he/she will hold.
4. Effective December 4, 2001, the Driver License Division was authorized to issue intrastate-restricted (K) medical cards. This card needs to be carried with the driver at all times. This card is valid for the State of Utah only.

PRINCIPLES USED IN DEVELOPING GUIDELINES AND STANDARDS FOR DEFINING DRIVING CAPABILITY

In cooperation with the Director of the Utah Driver License Division, the Medical Advisory Board has followed these ten principles in developing these guidelines and standards:

1. Guidelines and standards should be the least restrictive possible, consistent with public safety.
2. Functional ability to operate a vehicle safely, rather than impairments, should receive emphasis.
3. Some impairments will permit driving safely under appropriate restrictions as to speed, area, time of day, and use of compensating devices, etc.
4. Fairness should prevail in these ways: (a) medically impaired drivers should not be required to meet guidelines and standards of expected safety in excess of those expected of unimpaired drivers; and (b) drivers with different kinds of impairments, but with similar estimated increases in driving risk, should have as nearly the same restrictions as possible.
5. A system for assessing all aspects of a person's health which may adversely affect driving, either intermittently or continuously, will be used by applicants for a driver license.
6. Health care professionals should not be expected to function as policemen, prosecutors, or judges in the process of driver evaluation, but as individuals skilled in diagnosis and accurate reporting of functional ability, as well as teachers and advisers to their patients.
7. Since the ultimate responsibility for safety lies with all drivers, they should be involved in self-evaluation, with medical evaluations being used to confirm or change its accuracy.
8. Every opportunity should be used to educate all drivers and applicants about the effects of physical and emotional health problems, use of drugs, etc. on their ability to drive safely.
9. If anything related to licensing can be simplified safely, this should be done.
10. Health care professionals are invited to help put into effect these principles of safety and fairness and of increasing driver awareness of health in relation to driving safety.

**UTAH CRIMINAL AND TRAFFIC CODE
OPERATORS' LICENSE ACT
LICENSE - IMPAIRED PERSONS**

53-3-303 Driver License Medical Advisory Board membership - Guidelines for licensing impaired persons - Recommendations to Division.

- (1) There is created within the Division the Driver License Medical Advisory Board.
- (2)
 - (a) The board is comprised of three regular members appointed by the Commissioner of Public Safety to four-year terms.
 - (b) The board shall be assisted by expert panel members nominated by the board as necessary and as approved by the Commissioner of Public Safety.
 - (c) Notwithstanding the requirements of Subsection (2)(a), the executive director shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of board members are staggered so that approximately half of the board is appointed every two years.
 - (d) When a vacancy occurs in the membership for any reason, the replacement shall be appointed for the unexpired term.
 - (e) The expert panel members shall recommend medical standards in the areas of the panel members' special competence for determining the physical, mental, and emotional capabilities of applicants for licenses and licensees.
- (3) In reviewing individual cases, a panel, acting with the authority of the board, consists of at least two members, of which at least one is a regular board member.
- (4) The director of the Division or his designee serves as secretary to the board and its panels.
- (5) Members of the board and expert panel members nominated by them shall be health care professionals.
- (6) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:
 - (a) Section 63A-3-106;
 - (b) Section 63A-3-107; and
 - (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.
- (7) The board shall meet from time to time when called by the director of the division.
- (8)
 - (a) The board shall recommend written guidelines and standards for determining the physical, mental, and emotional capabilities of applicants for licenses and for licensees.
 - (b) The guidelines and standards are applicable to all Utah licensees and for all individuals who hold learner permits and are participating in driving activities in all forms of driver education.
 - (c) The guidelines and standards shall be published by the division.
- (9) If the division has reason to believe that an applicant or licensee is an impaired person, it may:
 - (a) act upon the matter based upon the published guidelines and standards; or
 - (b) convene a panel to consider the matter and submit findings and a recommendation; the division shall consider the recommendation along with other evidence in determining whether a license should be suspended, revoked, denied, disqualified, canceled, or restricted.
- (10)
 - (a) If the division has acted under Subsection (9) to suspend, revoke, deny, disqualify, cancel, or restrict the driving privilege without the convening of a panel, the affected applicant or licensee may within 10 days

of receiving notice of the action request in a manner prescribed by the division a review of the division's action by a panel.

- (b) The panel shall review the matters and make written findings and conclusions.
- (c) The division shall affirm or modify its previous action.
- (11) (a) Actions of the division are subject to judicial review as provided in this part.
- (b) The guidelines, standards, findings, conclusions, and recommendations of the board or of a panel are admissible as evidence in any judicial review.
- (12) Members of the board and its panels incur no liability for recommendations, findings, conclusions, or for other acts performed in good faith and incidental to membership on the board or a panel.
- (13) The division shall provide forms for the use of health care professionals in depicting the medical history of any physical, mental, or emotional impairment affecting the applicant's or licensee's ability to drive a motor vehicle.
- (14) (a) (i) Individuals who apply for or hold a license and have, or develop, impairment that may affect driving safety are responsible for reporting this to the division or its agent.
- (ii) If there is uncertainty, the individual is expected to seek competent medical evaluation and advice as to the significance of the impairment as it relates to driving safety, and to refrain from driving until a clarification is made.
- (b) Health care professionals who care for patients with physical, mental, or emotional impairments that may affect their driving safety, whether defined by published guidelines and standards or not, are responsible for making available to their patients without reservation their recommendations and appropriate information related to driving safety and responsibilities.
- (c) A health care professional or other person who becomes aware of a physical, mental, or emotional

impairment that appears to present an imminent threat to driving safety and reports this information to the division in good faith has immunity from any damages claimed as a result of making the report.

53-3.303.5. Driver License Medical Advisory Board – Medical Waivers

- (1) The Driver License Medical Advisory Board shall:
 - (a) advise the director of the division; and
 - (b) establish and recommend in a manner specified by the board functional ability profile guidelines and standards for determining the physical, mental, and emotional capabilities of applicants for specific types of licenses, appropriate to various driving abilities.
- (2) (a) The Driver License Medical Advisory Board shall establish fitness standards, including provisions for a waiver of specified federal driver's physical qualifications under 49 CFR 391.41, for intrastate commercial driving privileges.
- (b) The standards under this Subsection (2) may only be implemented if the United States Department of Transportation (USDOT) will not impose any sanctions, including funding sanctions, against the state.
- (3) In case of uncertainty of interpretation of these guidelines and standards, or in special circumstances, applicants may request a review of any division decision by a panel of board members. All of the actions of the director and board are subject to judicial review.
- (4) (a) If a person applies for a waiver established under Subsection (2), the applicant shall bear any costs directly associated with the cost of administration of the waiver program, with respect to the applicant's application, in addition to any fees required under Section 53-3-105.
- (b) The division shall establish any additional fee necessary to administer the license under this Subsection (4) in accordance with Section 63J-1-504.

53-3-304. Licensing of impaired persons - Medical review - Restricted license - Procedures.

- (1) (a) If the division has reason to believe that an applicant for a license is an impaired person, the division may require one or both of the following:
 - (i) a physical examination of the applicant by a health care professional and the submittal by the health care professional of a signed medical report indicating the results of the physical examination;
 - (ii) a follow-up medical review of the applicant by a health care professional and completion of a medical report at intervals established by the division under standards recommended by the board.
- (b) The format of the medical report required under Subsection (1)(a) shall be devised by the division with the advice of the board and shall elicit the necessary medical information to determine whether it would be a public safety hazard to permit the applicant to drive a motor vehicle on the highways.
- (2) (a) The division may grant a restricted license to an impaired person who is otherwise qualified to obtain a license.
- (b) The license continues in effect until its expiration date so long as the licensee complies with the

requirements set forth by the division.

- (c) The license renewal is subject to the conditions of this section.
- (d) Any physical, mental, or emotional impairment of the applicant that in the opinion of the division does not affect the applicant's ability to exercise reasonable and ordinary control at all times in driving a motor vehicle upon the highway, does not prevent granting a license to the applicant.
- (3) (a) If an examination is required under this section, the division is not bound by the recommendation of the examining health care professional but shall give fair consideration to the recommendation in acting upon the application. The criterion is whether upon all the evidence it is safe to permit the applicant to drive a motor vehicle.
- (b) In deciding whether to grant or deny a license, the division may be guided by the opinion of experts in the fields of diagnosing and treating mental, physical, or emotional disabilities and may take into consideration any other factors that bear on the issue of public safety.
- (4) Information provided under this section relating to physical, mental, or emotional impairment is classified under Title 63G, Chapter 2, Government Records Access and Management Act.